

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | W | 71530 | 11-8-99 |
| O.I.P.E. CLASSIFIER | | 71530 | 11-20 |
| FORMALITY REVIEW | DM | 72003 | 12-3-99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral) Canceled A Appeal
 - Restricted O Objected

| Claim | Date |
|-------|----------|
| Final | Original |
| 10 | 3/2/02 |
| 11 | 8/1/02 |
| 12 | 1/28/02 |
| 13 | 1/15/02 |
| 14 | 4/2/02 |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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